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## \*\* CONTINUING DATA \*\*\*\*\*

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	DRAWING 1	10	2
Verified and Acknowledged	Examiner's Signature  Initials				

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## TITLE

Hearing aid device with automatic situation recognition

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of
FILING FEE FEES: Authority has been given in Paper